

John Fetz/John Walsh Memorial Scholarship Application

Please write legibly and return this signed form by Friday, April 30th, 2010.

Mail to: John Fetz/John Walsh Memorial Scholarship Committee
PO Box 391177, Mountain View, CA 94039.

| | | | |
|-----------|------------|----|-------------|
| Last Name | First Name | MI | High School |
|-----------|------------|----|-------------|

| | | |
|------------|------------------------|---------------|
| Birth Date | Social Security Number | email address |
|------------|------------------------|---------------|

| | | | |
|-----------------|------|-----|------------|
| Mailing Address | City | Zip | Home Phone |
|-----------------|------|-----|------------|

| | |
|-----------------|------------|
| Parent/Guardian | Occupation |
|-----------------|------------|

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|-----------------|------------|
| Parent/Guardian | Occupation |
|-----------------|------------|

Please attach High School Transcripts.

| | | |
|--|-----|----|
| Are you the relative of a Mountain View Firefighter? | Yes | No |
|--|-----|----|

If yes, whom? _____

| | | |
|----------------------------|-----------------|-------|
| Date of College enrollment | Name of College | Major |
|----------------------------|-----------------|-------|

Please briefly describe your college plans:

High School Awards / Extracurricular Activities

Year(s)

Community Involvement (Scouts, church, volunteer work, etc.)

Year(s)

Write a brief statement of your background, personal goals, and why you feel you merit consideration for this scholarship award (500 words or less, typed, on a separate sheet of paper).

Signature_____

Date_____